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SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	·	ATTORNEY DOCKETT NO.
08/405,596				
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			L	EXAMINER
			ART UNI	T PAPER NUMBER
				29
			DATE MAILED:	<i>J</i> ,
		EXAMINER INTERVIEW SUMMARY REC	ORD	
All participants (applicant	, applicant's representa	tive, PTO personnel):		
(1) SIM	D Mar	hi (3)		
(2) Michael	i Sell	nar (4)	<del></del>	
.,	17/00			
Date of interview	///	en to applicant Bapplicant's representative).		
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do Al.	malondia.	al of CEVILLY	0	
aciste ,	SUTEM -	Mail (Exhibit)	<del></del>	
Agreement 🖂 was reac	hed with respect to som	e or all of the claims in question. 🗹 was not reache	d.	
Olaima dinavanada <i>Ol</i>	11-			
Claims discussed: 200	( Cal	de de la lang		
Identification of prior art of	liscussed: JCL	den et al. (1986)		
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Doggription of the genera	I natura of what was as	reed to if an agreement was reached, or any other co	mmente:	
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art & any	i endstem	ent rejection oil	FALL IN	e light of
discussion	- IR al	so appears that co	ertan	of the
Louble-Copt	entry seil	ctions will fall in	light of	2-way obviou
(A fuller description, if neathached. Also, where no	cessary, and a copy of to copy of the amendmen	he amendments, if available, which the examiner agr hts which would render the claims allowable is availab	eed would render the le, a summary ther	ne claims allowable must be eof must be attached.)
□ 1. It is not necessar	y for applicant to provid	e a separate record of the substance of the interview.	•	
WAIVED AND MUST INC	CLUDE THE SUBSTAN	o indicate to the contrary, A FORMAL WRITTEN RES CE OF THE INTERVIEW (e.g., items 1-7 on the rever ven one month from this interview date to provide a s	rse side of this form	<ol> <li>If a response to the last Office</li> </ol>
requirements that	at may be present in the ements of the last Office	v above (including any attachments) reflects a comple last Office action, and since the claims are now allow action. Applicant is not relieved from providing a se	vable, this complete	ed form is considered to fulfill the
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PTOL-413 (REV. 2 -93)	ORIGINAL FO	Examiner's Si OR INSERTION IN RIGHT HAND FLAP OF FILE	•	